

11/28/2006

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NAME:	FACSIMILE:	TELEPHONE:
MS Amendment U.S. Patent and Trademark Office	(571) 273-8300	(571) 272-8024

FROM: Mika Mayer**DATE:** November 28, 2006

Number of pages with cover page:	8	
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Preparer of this slip has confirmed that facsimile number given is correct: 7230/pme2**Comments:****Official Filing**

Examiner: M. Andersen
 Art Unit: 3734
 U.S. Patent Application Serial No.: 10/656,797
 Filing Date: September 4, 2003
 Inventor: Niel F. STARKSEN
 Title: DEVICES AND METHODS FOR CARDIAC ANNULUS STABILIZATION
 AND TREATMENT
 Docket No.: 578492001500

Papers enclosed herewith:

1. Transmittal - 1 page
2. Fee Transmittal plus duplicate copy for fee processing - 2 pages
3. Supplemental Information Disclosure Statement - 3 pages
4. Form PTO/SB/08a/b - 1 page

Please acknowledge receipt via return facsimile

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PA-1113937

NOV 28 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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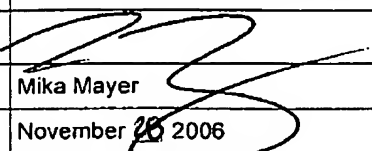
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/656,797
		Filing Date	September 4, 2003
		First Named Inventor	Niel F. STARKSEN
		Art Unit	3734
		Examiner Name	M. Andersen
Total Number of Pages In This Submission	7	Attorney Docket Number	578492001500

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) - 3 pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b - 1 page Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Mika Mayer		
Date	November 28, 2006	Reg. No.	47,777

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 28, 2006

Signature:  (Patricia M. Ellison)

pa-1094341

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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/656,797
		Filing Date	September 4, 2003
		First Named Inventor	Niel F. STARKSEN
		Examiner Name	M. Andersen
		Art Unit	3734
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	578492001500
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
60	- 60 = 0	x 25 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
180	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 6 = 0	x 100 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

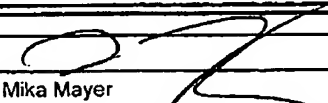
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY		Registration No.	47,777	Telephone	(650) 813-4298
Signature		(Attorney/Agent)		Date	November 20, 2006
Name (Print/Type)	Mika Mayer				

pa-1094352

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 28, 2006

Signature:

Patricia M. Ellison

(Patricia M. Ellison)

Patent

Docket No. 578492001500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Niel F. STARKSEN

Serial No.: 10/656,797

Filing Date: September 4, 2003

For: DEVICES AND METHODS FOR
CARDIAC ANNULUS STABILIZATION
AND TREATMENT

Examiner: M. Andersen

Group Art Unit: 3734

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicant submits for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. The Examiner is requested to make these documents of record.

Applicant would like to draw the Examiner's attention to the co-pending application listed below:

Application Serial No. 11/414,657, filed April 27, 2006, by Starksen et al.

Application Serial No. 10/656,797

Patent
Docket No. 578492001500

This Supplemental Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
- ☐ A fee is required. A check in the amount of ___ is enclosed.
- ☒ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of ___ is enclosed.
- ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

Applicant would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

Application Serial No. 10/656,797

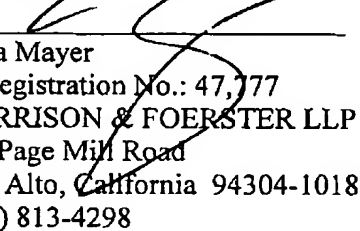
Patent
Docket No. 578492001500

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 578492001500.

Dated: November 28, 2006

Respectfully submitted,

By 
Mika Mayer
Registration No.: 47,777
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-4298

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ALTERNATIVE TO PTO/SB/08a/b (07-05)

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete If Known	
				Application Number	10/656,797
				Filing Date	September 4, 2003
				First Named Inventor	Niel F. STARKSEN
				Art Unit	3734
				Examiner Name	M. Andersen
Sheet	1	of	1	Attorney Docket Number	578492001500

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	US-2002/0072757-A1	06-13-2002	Ahmed et al.	
	2.	US-2002/0193815-A1	12-19-2002	Foerster et al.	
	3.	US-2003/0225420-A1	12-04-2003	Wardle	
	4.	US-2006/0058817-A1	03-18-2006	Starksen et al.	
	5.	US-6,077,989-A	06-20-2000	Kandel et al.	
	6.	US-6,923,818-B2	08-02-2005	Muramatsu et al.	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ² -Number ³ -Kind Code ⁴ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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